**TNR Check-in Form**

**TNR FELINE**

**Owner Information:**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information:**

Cat name (can leave blank): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat 2 name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trapped in Washtenaw County, Plymouth or Northville City? ¨Yes ¨ No

Cat 1 color / description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat 2 color / description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any health concerns?(see asterisks below for pricing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these cat/s exhibiting any social behaviors? (TNR is only for unsocial, outdoor cats who CANNOT be handled, but we understand there are unique situations) ¨Yes ¨ No

If yes, would you like for the cat/s to be assessed for adoption? (due to shelter volume constraints there is no guarantee we can intake cats) ¨Yes ¨ No

**In County** **Out of County**

TNR in county package – S/N, rabies, FVRCP, flea and tick treatment

Dewormer –

Microchip –

Basic wound repair, clean wound site / antibiotic injection –

Wound / injury repair tier 2, x-rays, tail removal, eye removal, pain meds –

Wound / injury repair tier 3, x – rays, limb removal, sutures, pain meds –

\*Tier 2 & 3 wound repairs may require a 2 week recovery period in a dog crate, do you have the ability to provide this?

$50 ¨

$10 ¨

$30 ¨

$50 ¨

$200 ¨

$350 ¨

Yes ¨

No ¨

TNR out of County – S/N, rabies

TNR out of County package – S/N, rabies, FVRCP, flea and tick treatment

Flea and tick treatment –

FVRCP -

Transfer fee -

$80 ¨

$100 ¨

$15 ¨

$10 ¨

$50 ¨

Text

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**(Office use only)** Animal ID #:

Date:

**Your First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One:** CAT DOG OTHER

**Your Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One:** MALE FEMALE

**Pet’s Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resuscitation Directive Consent Form**

Your pet is being hospitalized for a procedure that requires anesthesia. In the event your pet experiences cardiac arrest (heart stops beating), respiratory arrest (stops breathing) or other life-threatening emergency that requires resuscitative or other urgent care measures, please read the information provided below and indicate how you would like the medical team to proceed with care for your pet.

* **CPR** stands for **C**ardio **P**ulmonary **R**esuscitation. CPR is the attempt to resuscitate (revive) a pet who has stopped breathing or whose heart has stopped beating.
* **DNR** stands for **D**o **N**ot **R**esuscitate. This means that if a pet stops breathing or their heart stops beating, no effort will be made to attempt to revive the pet, and the pet will die.

**Animals that have been successfully resuscitated are extremely critical and unstable.** There is a high possibility that an animal may rearrest following initial resuscitation efforts. Following a successful resuscitation, brain damage is possible due to temporary lack of oxygen to the brain, which can result in physical and/or mental disabilities.

**Management of a pet after successful initial resuscitation requires vigilant monitoring for 24 to 48 hours** which is beyond the capabilities of Humane Society of Huron Valley.If your pet requires CPR and resuscitation efforts are successful, your pet will be discharged into your care once your pet is stable. It is advised that you seek care and monitoring at a 24-hour emergency/specialty care veterinary hospital at your expense.

I have read and understand the above terms and information. I request the following for my pet in the event that my pet experiences cardiac arrest, respiratory arrest, or other life-threatening emergency:

I authorize CPR and/or other life-saving treatment. I understand this may result in additional charges which I agree to pay for and may exceed any estimate I may have been previously provided. I understand resuscitation efforts may not be successful. I understand if resuscitation is successful my pet may suffer another arrest later and/or may suffer brain damage.

I do **NOT** authorize CPR and/or other life-saving treatment. I understand this will result in the death of my pet.

Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A close up of a business card

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**TNR Responsibility Agreement, Liability Waiver and Surgery Consent**

The HSHV Community Cat program is a community program designed to humanely reduce outdoor, unsocialized cat populations over time.

*I am aware of and agree to the following HSHV terms and policies:*

1. I agree to pay for sterilization upon drop-off the cat/s
   * Cat(s) will be spayed/neutered
     + If already sterilized, fee will go toward anesthesia/vaccine costs and will not be refunded
   * Cat(s) will be ear tipped, no exceptions (included in surgery cost)
   * Cat(s) will receive rabies vaccine (included in surgery cost)
   * Additional services are available at an additional cost
2. I understand cats’ bellies are shaved for their surgery, and that it takes 2-3 months for the fur to grow back. I understand that in winter months (November through March), it would be cruel and dangerous to keep a newly sterilized cat outside without shelter, and I confirm that after surgery, I am providing a dry, covered shelter for any cat I bring.
3. I understand the cat must be brought in and shall remain in a live trap while at HSHV to maximize safety for the cat and for HSHV staff. Any cat not brought in an individual live trap will be charged a transfer fee.
4. I understand that there is some risk of injury or death in the procedure and the use of anesthetics and drugs. If the cat is pregnant at the time of surgery, I understand that pregnancy will be terminated.
5. I agree that any cat who is medically untreatable or in severe or chronic pain will be humanely euthanized at the veterinarian’s discretion while the cat is under anesthesia. I understand I will be notified post-euthanasia.
6. I understand that if a bite occurs during the cat’s stay, HSHV will follow Washtenaw County’s public health Rabies protocol.
7. I agree to pick the cat up the day after surgery is performed and return the cat to the location it was trapped for release. If cat(s) are left here more than 24 hours, post-surgery, you will be charged $40 for boarding each additional day and lose TNR privileges through HSHV.
8. I understand that if my cat is able to be safely handled, I will have to schedule an outpatient appointment through the clinic.

*OPTIONAL: By initialing, I agree to the following terms:*

\_\_\_\_\_I give consent for HSHV staff and volunteers to perform trappings on my property and will inform neighbors of the program. HSHV is not liable for any property damage during trapping.

\_\_\_\_\_If a cat is discovered to have a treatable injury or illness through short term medication or care, I authorize HSHV to treat at a maximum additional cost to me of $\_\_\_\_\_\_\_\_\_\_\_\_ (must indicate, we cannot call you during surgery.)

Washtenaw County only: Would you be willing to allow HSHV to take ownership of your cat, if it is able to pass a behavior assessment? Y / N (if yes, please see back)

*By signing this waiver I acknowledge that feral cats are wild animals which can be unpredictable in their behavior and are capable of inflicting serious bodily injury if they are not handled safely. I willingly assume the risk and responsibility of participating in this program.* *I hereby release the Humane Society of Huron Valley, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this program and procedure or any adverse reactions to vaccinations. I agree that I have not and will not claim any right of compensation from them, or file action by reason of such sterilizations or attempted sterilization of such animal or any consequences related thereto. Caregiver/agent hereby agrees to indemnify and hold the Humane Society of Huron Valley harmless for any damaged caused during the transportation of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or other acts of God.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Print Name Date*